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COVER PAGE

Recipient Committee Campaign Statement Cover Page

20 JAN 2021 11:00
CITY CLERK'S OFFICE

CALIFORNIA 460 FORM Page <u>1</u> of <u>16</u> For Official Use Only	
Date Stamp 20 JAN 2021 11:00 CITY CLERK'S OFFICE	Date of election if applicable: (Month, Day, Year) _____

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4 <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="checkbox"/> State Candidate Election Committee <input type="checkbox"/> Recall (Also Complete Part 5) <input type="checkbox"/> General Purpose Committee <input type="checkbox"/> Sponsored <input type="checkbox"/> Small Contributor Committee <input type="checkbox"/> Political Party/Central Committee	Statement covers period from <u>07/01/2020</u> through <u>12/31/2020</u>
2. Type of Statement: <input type="checkbox"/> Pre-election Statement <input checked="" type="checkbox"/> Semi-annual Statement <input type="checkbox"/> Termination Statement (Also file a Form 410 Termination) <input type="checkbox"/> Amendment (Explain Below)	<input type="checkbox"/> Quarterly Statement <input type="checkbox"/> Special Odd-Year Report

3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Gloria Soto for Santa Maria City Council District 3 2022 I.D. NUMBER 1407086	
STREET ADDRESS (NO P.O. BOX) 226 East Canon Perdido Street #D CITY Santa Barbara, CA 93101 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX PO Box 5252 CITY Santa Maria, CA 93456 OPTIONAL: FAX / E-MAIL ADDRESS monica@cicbsb.com	STATE ZIP CODE 805-709-0595 AREA CODE/PHONE 8057090595
NAME OF TREASURER Monica Intaglietta MAILING ADDRESS 226 East Canon Perdido Street #D CITY Santa Barbara, CA 93101 NAME OF ASSISTANT TREASURER, IF ANY Jennifer Cooper MAILING ADDRESS 226 East Canon Perdido Street #D CITY Santa Barbara, CA 93101 OPTIONAL: FAX / E-MAIL ADDRESS monica@cicbsb.com	STATE ZIP CODE 8057090595 AREA CODE/PHONE 8057090595

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 11/4/20 DATE
 Executed on 11/4/21 DATE
 Executed on _____ DATE
 Executed on _____ DATE

By [Signature] Signature of Treasurer or Assistant Treasurer
 By [Signature] Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
 By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent
 By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

[Signature]

Recipient Committee Campaign Statement Cover Page - Part 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE Gloria Soto			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council Member City of Santa Maria <u>3</u>			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) 818 W Dante Drive	CITY Santa Maria, CA	STATE CA	ZIP 93458

Related Committees Not Included In this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy*

COMMITTEE NAME	I.D. NUMBER		
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER		
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE	
BALLOT NO. OR LETTER	JURISDICTION
	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from 07/01/2020
through 12/31/2020

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gloria Soto for Santa Maria City Council District 3 2022

I.D. NUMBER

1407086

Contributions Received

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1. Monetary Contributions	Schedule A, Line 3	\$ 317.00	\$ 317.00
2. Loans Received	Schedule B, Line 3	.00	.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 317.00	\$ 317.00
4. Nonmonetary Contributions	Schedule C, Line 3	.00	.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 317.00	\$ 317.00

1/1 through 6/30

7/1 to Date

20. Contributions Received \$.00 \$.00

21. Expenditures Made \$.00 \$.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 1,935.42	\$ 5,085.42
7. Loans Made	Schedule H, Line 3	.00	.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 1,935.42	\$ 5,085.42
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	.00	.00
10. Nonmonetary Adjustment	Schedule C, Line 3	.00	.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 1,935.42	\$ 5,085.42

Expenditures Limit Summary for State Candidates

22. Cumulative Expenditures Made* (# Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
	\$
	\$
	\$
	\$
	\$

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 3,657.56
13. Cash Receipts	Column A, Line 3 above	317.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	.00
15. Cash Payments	Column A, Line 8 above	1,935.42
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2,039.14

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	Schedule B, Line 2	\$.00
------------------------------------	--------------------	--------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$.00

*Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE NAME OF FILER		Statement covers period from <u>07/01/2020</u> through <u>12/31/2020</u>		CALIFORNIA 460 FORM Page <u>4</u> of <u>16</u>	
Gloria Soto for Santa Maria City Council District 3 2022				I.D. NUMBER 1407086	

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/18/2020	Kathleen Sharum 416 E Hermosa St Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	100.00	100.00	
			ActBlue 366 Summer Street Somerville, MA 02144	**INTERMEDIARY**		

Schedule A Summary

1. Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.)

----- \$ 100.00

2. Amount received this period - unitemized monetary contributions of less than \$100

----- \$ 217.00

3. Total monetary contributions received this period.
(add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)

----- TOTAL \$ 317.00

----- SUBTOTAL \$ 100.00

* Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule B - Part 1 Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from <u>07/01/2020</u> through <u>12/31/2020</u>		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Gloria Soto for Santa Maria City Council District 3 2022

I.D. NUMBER 1407086

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD **	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
* <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$	% RATE	\$	\$
								CALENDAR YEAR \$ PER ELECTION**
								DATE INCURRED

Schedule B Summary

- Loans received this period
(Total Column (b) plus unitemized loans of less than \$100.)
\$.00
- Loans paid or forgiven this period
(Total Column (c) plus loans under \$100 paid or forgiven)
(Include loans paid by a third party that are also itemized on Schedule A.)
\$.00
- Net change this period. (Subtract Line 2 from Line 1.)
Enter the net here and on the Summary Page, Column A, Line 2
NET \$.00
(May be a negative number)

SUBTOTALS \$ \$ \$ \$

*Amounts forgiven or paid by another party also must be reported on Schedule A
** If required.

(Enter (e) on
Schedule E, Line 3)

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

* Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Schedule B - Part 2 Loan Guarantors

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>07/01/2020</u> through <u>12/31/2020</u>		CALIFORNIA 460 FORM		Page <u>6</u> of <u>16</u>
SEE INSTRUCTIONS ON REVERSE			I.D. NUMBER 1407086	
NAME OF FILER Gloria Soto for Santa Maria City Council District 3 2022				

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER		CALENDAR DATE \$ PER ELECTION (IF REQUIRED)	
			DATE			

SUBTOTAL \$	Enter on Summary Page, Line 17 only.
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Schedule C Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE C

CALIFORNIA 460 FORM

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Statement covers period
from 07/01/2020
through 12/31/2020

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gloria Soto for Santa Maria City Council District 3 2022

I.D. NUMBER

1407086

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Schedule C Summary

1. Amount received this period - itemized nonmonetary contributions.
(Include all Schedule C subtotals.) -- -- -- \$.00

2. Amount received this period - unitemized nonmonetary contributions of less than \$100 -- -- -- \$.00

3. Total nonmonetary contributions received this period.

(add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) -- -- -- TOTAL \$.00

SUBTOTAL \$

* Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Schedule D **Summary of Expenditures** **Supporting/Opposing Other** **Candidates, Measures, and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period from <u>07/01/2020</u> through <u>12/31/2020</u>		CALIFORNIA 460 FORM
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NAME OF FILER Gloria Soto for Santa Maria City Council District 3 2022		I.D. NUMBER 1407086
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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/06/2020	Santa Barbara Democratic Party DISTRICT #: <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div>	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		250.00	250.00	

SCHEDULE D SUMMARY

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)

\$ 250.00
- Unitemized contributions and independent expenditures made this period of under \$100

\$.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)

TOTAL \$ 250.00

SUBTOTAL	\$ 250.00
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Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period
from 07/01/2020
through 12/31/2020

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gloria Soto for Santa Maria City Council District 3 2022

I.D. NUMBER

1407086

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Santa Barbara Democratic Party 1025 Castillo Street Santa Barbara, CA 93101 ID: 742091	CTB			250.00
C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101	PRO			150.00
C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101	PRO			150.00
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116	OFC			75.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 625.00

FPPC Form 460 (Jan/2016)

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Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE		Statement covers period from <u>07/01/2020</u> through <u>12/31/2020</u>		CALIFORNIA 460 FORM	
NAME OF FILER Gloria Soto for Santa Maria City Council District 3 2022		Page <u>10</u> of <u>16</u>		I.D. NUMBER 1407086	

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Fund For Santa Barbara 26 West Anapamu Street Santa Barbara, CA 93101	CVC			300.00
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116	OFC			75.00
C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101	PRO			150.00
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116	OFC			75.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL \$	600.00
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Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period

from 07/01/2020

through 12/31/2020

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gloria Soto for Santa Maria City Council District 3 2022

I.D. NUMBER

1407086

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101	PRO			150.00
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116	OFC			75.00
C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101	PRO			150.00
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116	OFC			75.00
SUBTOTAL \$				450.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE		Statement covers period		CALIFORNIA 460	
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Gloria Soto for Santa Maria City Council District 3 2022		through 12/31/2020		Page 12 of 16	
				I.D. NUMBER 1407086	

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101	PRO		150.00

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 1,825.00
- Unitemized payments made this period of under \$100 \$ 110.42
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 1,935.42**

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 150.00

Schedule F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

SCHEDULE F

SEE INSTRUCTIONS ON REVERSE		Statement covers period		CALIFORNIA 460 FORM	
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Gloria Soto for Santa Maria City Council District 3 2022		through 12/31/2020		I.D. NUMBER 1407086	

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

SCHEDULE F SUMMARY

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	-----	INCURRED TOTALS \$	-----	.00
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	-----	PAID TOTALS \$	-----	.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	-----	NET \$	-----	.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS	\$	\$	\$	\$
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Schedule H Loans Made to Others*

Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period from <u>07/01/2020</u> through <u>12/31/2020</u>		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Gloria Soto for Santa Maria City Council District 3 2022		I.D. NUMBER 1407086						
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____	RATE _____ % \$ _____	\$ _____	\$ _____ PER ELECTION *
								CALENDAR YEAR _____ DATE INCURRED _____

SUBTOTALS	\$ _____	\$ _____	\$ _____	\$ _____
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*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E

Schedule I Miscellaneous Increases to Cash

Amounts may be rounded
to whole dollars.

SCHEDULE I

CALIFORNIA
FORM 460

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Statement covers period
from 07/01/2020
through 12/31/2020

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gloria Soto for Santa Maria City Council District 3 2022

I.D. NUMBER

1407086

DATE
RECEIVED

FULL NAME AND ADDRESS OF SOURCE
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

DESCRIPTION OF RECEIPT

AMOUNT OF
INCREASE TO CASH

Schedule I Summary

- Itemized increases to cash this period. \$.00
- Unitemized increases to cash of under \$100 this period. \$.00
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$.00
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) TOTAL \$.00

SUBTOTAL \$